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Introduction

1. This section of the annual report focuses on subjects specifically requested by the Executive Board: reproductive health commodity security (RHCS); humanitarian assistance; and sector-wide approaches (SWAps).

I. REPRODUCTIVE HEALTH COMMODITY SECURITY

2. The attainment of the Millennium Development Goals (MDGs) for improving maternal health and reducing HIV/AIDS will depend in large measure on the availability of reproductive health services, including commodities. The Programme of Action of the International Conference on Population and Development (ICPD) underscored the importance of universal access to reproductive health care by the year 2015. UNFPA has developed the RHCS strategy as one of the key building blocks to achieve ICPD goals and thus contribute to the attainment of the MDGs.

3. During 2002, UNFPA implemented a multifaceted work plan to support the roll out of the Fund's RHCS strategy, which is designed to ensure a secure supply and choice of quality contraceptives and other reproductive health commodities to meet the needs of people at the right time and in the right place. Information from programme countries indicates that there are critical shortfalls of essential reproductive health commodities, including shortfalls in condoms needed for the prevention of sexually transmitted infections (STIs), including HIV/AIDS.

4. In implementing the RHCS strategy the Fund's Commodity Management Unit works closely with other UNFPA divisions, country offices and the Country Technical Services Teams (CSTs). Specifically, in 2002, the Fund's work focused on the integration of RHCS into national health programmes. Recognizing the pivotal importance of partnerships in promoting RHCS, UNFPA cooperated closely with other development partners, including WHO, UNAIDS, the World Bank, the International Planned Parenthood Federation (IPPF), the United States Agency for International Development (USAID), John Snow, Inc. (JSI) and the Program for Appropriate Technology in Health (PATH), in such areas as country capacity development, advocacy and resource mobilization.

5. During 2002, UNFPA supplied over 58 million condoms under the Fund's Global Contraceptive Commodity Programme (GCCP) to a total of 34 countries. As part of the United Nations emergency response system, the Fund supplied a total of 3,534 reproductive health kits, with an approximate value of $1.5 million, to 33 emergency destinations. Established in 1997, the GCCP aims to provide essential buffer stocks of contraceptives and other reproductive health supplies to facilitate prompt response to urgent/emergency requests from developing countries. In 2002, UNFPA expanded GCCP services through its reimbursable procurement initiative for external clients. International organizations, including non-governmental organizations (NGOs) such as Médecins du monde, the International Rescue Committee, the American Refugee Committee and Relief International have utilized the Fund's procurement services to obtain emergency reproductive health kits for their own relief efforts. Since its inception, the GCCP

has worked with suppliers who are willing to hold stocks of reproductive health kits and various contraceptives at their premises, at no cost to UNFPA. This special service has been negotiated by UNFPA as part of the GCCP implementation.

6. With national capacity development as the main focus of efforts in 2002, UNFPA organized several workshops for UNFPA Representatives and national counterparts to orient them on the goals and objectives of the RHCS strategy. The main purpose of the workshops was to lay the foundation for the development of country-specific plans to monitor and evaluate progress in achieving sustainable supplies of quality reproductive health commodities at affordable prices. During 2002, UNFPA also focused attention on addressing other aspects of commodity security, including management support to countries for estimating, financing, procuring and distributing supplies to ensure that men and women have ready access at the peripheral levels. At the global level, UNFPA continues to coordinate with donors to keep RHCS issues in the forefront of the international development agenda and to mobilize resources to fill the gap between country requirements and available donor support. The gaps are being addressed by both mobilizing additional resources and building coherent action plans with development partners to help bring about a common understanding and approach to meeting country needs.

Integrating RHCS into the country programmes

7. Following the success of the 2001 pilot workshop in Mombasa, Kenya, three regional workshops were organized in 2002 – in Abidjan, Côte d'Ivoire; Beijing, China; and Bratislava, Slovak Republic – to orient UNFPA Representatives and selected national counterparts on the RHCS strategy and to begin its roll out at the country level. A total of 197 UNFPA Representatives and national counterparts participated in the three workshops. During 2002, preparations were also undertaken for workshops to be conducted in 2003 in Latin America and the Caribbean region and the Arab States region.

8. The workshops on RHCS provided UNFPA Representatives and government officials with specific guidance on programmatic, technical and substantive issues to assist them in developing and implementing national action plans in the area of RHCS. Issues of RHCS in the context of health sector reform, SWAps, national poverty reduction strategies and other policy dialogues were addressed in the workshops. In addition, UNFPA emphasized the importance of establishing and/or strengthening a national planning and coordination mechanism with key stakeholders for effective partnerships in RHCS. A key recommendation emanating from all three workshops was the need to establish national RHCS working groups with dedicated focal points to coordinate actions to ensure commodity security.

9. In 2002, a questionnaire was sent to all country offices to obtain information on specific country needs in the area of RHCS and to identify ways to improve coordination with partners. The information obtained from 77 programme countries will enable UNFPA and its partners to develop a comprehensive plan to meet requests from countries in a systematic manner. Analysis of the findings indicates that key RHCS problems faced by countries include the following: (a)

weak logistics management systems for commodities leading to inaccurate forecasts of requirements; (b) supply and consumption data are collected but not always analysed and used for decision-making; (c) most countries do not offer basic training on RHCS although reproductive health trainers and training institutions do exist; (d) training on RHCS is financed mostly through donor resources rather than through national budgets; (e) contraceptives are included in the essential drug list in most countries but not in all countries; (f) distribution systems need to be strengthened, including improving transportation, storage and access in conflict areas; (g) the ministry of health remains the main distribution channel in most countries and involvement of the private sector and social marketing is inadequate; (h) in-country quality assurance does not exist in some countries; (i) coordination mechanisms either do not exist or need to be strengthened; and (j) in countries with conflicts, estimates of reproductive health commodity requirements are difficult to obtain and the lack of financial, human and logistical resources hampers the implementation of the RHCS strategy.

10. To address the needs reported by countries, UNFPA has increased its capacity to respond utilizing a multifaceted approach that includes the provision of direct technical assistance in the areas of assessment, advocacy, resource mobilization, coordination and monitoring. The Fund has also sought to increase the pool of international and national expertise in the area of RHCS, including through the conduct of an orientation workshop for prospective international consultants. The orientation on the RHCS strategy and the Fund's working procedures will enable UNFPA to draw upon an expanded pool of experts to respond to the many country requests for technical assistance, including those arising from the regional workshops. For example, in 2002, the following countries benefited from direct technical assistance provided by UNFPA: Botswana, Brazil, Ethiopia, Myanmar, Swaziland and Yemen.

Resource mobilization and disbursement of funds for reproductive health commodities

11. UNFPA had some success in advocating for additional funds to meet the widening supply gap in reproductive health commodities in developing countries. The Government of the Netherlands provided an extrabudgetary contribution of approximately $15.7 million to help meet the shortfalls in 2002. In 2002, UNFPA also received $188,000 from the Government of Canada for the provision of reproductive health commodities. Earlier, in 2001, the Governments of Canada, the Netherlands and the United Kingdom had provided funding to meet commodity shortfalls and to help countries develop their logistics management capacity. In addition to providing commodities, the extrabudgetary funds have enabled UNFPA to respond, in part, to country requests for technical assistance and to implement national capacity building activities such as the workshops on RHCS.

12. In 2002, UNFPA received urgent requests from 73 countries for reproductive health commodities totalling $150 million. The Fund was able to meet only $25 million of these needs through extrabudgetary funds provided by the Governments of Canada, the Netherlands and the United Kingdom. The significant gap between the growing demand for reproductive health commodities and the availability of donor support continues to be a major challenge to achieving RHCS.

13. To further resource mobilization efforts, UNFPA organized a meeting of donors and other partners to discuss the possibility of establishing a global partnership for reproductive health commodities. Subsequently, with support from the United Kingdom's Department for International Development (DFID), a consultant was engaged to prepare a report entitled "Exploring the issues of establishing a reproductive health commodities trust fund". The report was presented in January 2003 to a consultative meeting organized by UNFPA with other stakeholders, including bilateral donor agencies, private foundations and other international institutions.

Databases

14. UNFPA has continued the development of its database that compiles and analyses the reproductive health commodity situation in each programme country. The data enables UNFPA to more effectively plan its responses to complex reproductive health commodity issues at global and country levels.

15. UNFPA also continued its work on the donor support database and published the annual database report for 2001. The database is an important advocacy tool for donors and technical agencies and also helps them to better plan and coordinate their programmes of assistance.

Partnerships

16. Recognizing the vital importance of building linkages with other partners focusing on reproductive health, UNFPA has actively participated in the development of the Strategic Pathway to Reproductive Health Commodity Security (SPARHCS), a joint effort of agencies interested in RHCS, including WHO, USAID, PATH, JSI, Management Sciences for Health (MSH), Johns Hopkins University and various NGOs and technical agencies based in the United States and Europe. SPARHCS is focusing on building a common assessment framework for achieving commodity security at country level.

17. UNFPA has collaborated with WHO in the development of a basic list of reproductive health commodities. The list is being published and will be used as a planning and procurement tool by UNFPA country offices and others. The Fund is coordinating with a consortium of NGOs on the International Initiative on Reproductive Health Supplies. The consortium is setting up a web-based source for reproductive health commodity supply information called RHInterchange. Once the RHInterchange is operational it will provide real-time tracking of commodity shipments and pipeline information and serve as a useful planning and management tool for the provision of commodities.

18. It should be underscored that in addition to reproductive health commodities, countries need adequate resources to strengthen their capacity to estimate, finance, procure and deliver the commodities. Many developing countries also need assistance for effective coordination of partnerships to strengthen long-term cooperation and sustainability. To ensure RHCS and

contribute to the achievement of the MDGs there is an urgent need to secure additional funds for reproductive health commodities and the provision of technical assistance.

II. HUMANITARIAN ASSISTANCE

19. In 2002, UNFPA continued to provide humanitarian assistance to communities affected by conflicts and natural disasters. UNFPA implements its emergency response operations in two major directions: through provision of direct humanitarian assistance, and by ensuring that issues pertaining to reproductive health, gender, and population and development strategies are included in the humanitarian and rehabilitation-oriented efforts of the international community, local authorities and civil society. While responding to emergencies, UNFPA is also attuned to emerging humanitarian, transitional and development needs. In 2002, this involved a major focus on the newly recognized nexus of drought, famine, poverty, HIV/AIDS, and sexual and gender-based violence.

20. During 2002, UNFPA improved its capacity to respond to emergencies in several ways. In July, the functions of the Humanitarian Response Unit (HRU) were formalized and the unit was relocated to the Office of the Executive Director, under the direct supervision of the Deputy Executive Director (Programme). HRU provides emergency support to UNFPA country offices, facilitates rapid field response and delivers required technical and operational backstopping to humanitarian and post-conflict programmes. Professional staff based in Geneva were added to the unit in 2002 to provide critical agency representation in meetings with humanitarian partners and to assist with rapid field response in emergency situations.

21. In 2002, UNFPA provided assistance to its ongoing emergency and post-conflict reconstruction programmes in numerous countries, including: Afghanistan, Angola, Burundi, Colombia, Côte d'Ivoire, Democratic Republic of the Congo, Ecuador, Ethiopia, Guinea, Islamic Republic of Iran, Liberia, Malawi, Republic of the Congo, Rwanda, Serbia and Montenegro, Sierra Leone, Somalia, Sudan, Timor-Leste and the United Republic of Tanzania. Assistance was also provided to the Occupied Palestinian Territory. The Fund assisted country offices in planning and implementing needs assessments, project/appeals formulation, advocacy, resource mobilization, monitoring and reporting.

Partnerships

22. As a key actor in addressing the reproductive health needs of refugees and internally displaced persons, UNFPA continued to build its networking and coordination role in this area. In 2002, as a member of the Inter-Agency Standing Committee for Humanitarian Affairs (IASC), UNFPA strengthened its partnerships with key stakeholders in the health and development sectors. This entailed an active role in policy development, planning, fund-raising, joint assessment missions, monitoring and evaluation. UNFPA also continued to advance the work of the Inter-Agency Working Group on Reproductive Health in Refugee Situations (IAWG), which has some 50 humanitarian partners from the United Nations system, NGOs and academic institutions. In April 2002, UNFPA hosted two important meetings: the IAWG biannual

meeting, and a technical meeting on HIV/AIDS in conflict situations, which was jointly organized with UNHCR. UNFPA also provided technical support for the organization of the first Department of Peacekeeping Operations (DPKO) workshop on HIV/AIDS, malaria and tuberculosis, which was held in Norway for medical staff from all United Nations peacekeeping missions and troop contingents. One specific outcome of this joint effort is the development of condom programming guidelines for peacekeeping missions and a memorandum of understanding between DPKO and UNFPA on the provision of reproductive health supplies, including condoms, essential drugs and HIV testing kits.

23. UNFPA implements its humanitarian response programmes in close coordination with the Office for the Coordination of Humanitarian Affairs (OCHA). Both in New York and Geneva, UNFPA plays an active role in OCHA-led coordination activities, while in the field UNFPA acts as part of the humanitarian coordination country teams and participates in all contingency and post-conflict rehabilitation planning. As part of OCHA contingency planning activities in 2002, UNFPA participated actively in the development and operationalization of the contingency plan for the Middle East region through pre-positioning essential equipment and supplies and conducting training for the implementing partners on operational use of the Minimum Initial Service Package (MISP) of reproductive health in crises.

24. UNFPA also participated in the UNIFEM-sponsored independent expert's assessment on women, war and peace, providing technical advice, participating in field missions, supporting background studies and assisting with the drafting of the publication "Women, War and Peace", which serves as the report on the Progress of the World's Women for 2002.

Resource mobilization

25. In 2002, the Governments of Australia, Belgium, Canada, Czech Republic, Germany, Italy, Luxembourg, the Netherlands and the United Kingdom, as well as the United Nations Foundation, continued to be the key donors for UNFPA humanitarian response projects. New contributions totalling $2.4 million were donated by Norway to support implementation of the UNFPA Great Lakes appeal in Burundi and Rwanda. Approximately $1 million was mobilized in support of UNFPA operations in the Occupied Palestinian Territory, with major contributions from the Governments of Austria, Belgium and France, as well as the OPEC Fund for International Development. These responses demonstrate the importance of advocacy. At the annual session of the Executive Board, in June 2002, in Geneva, UNFPA organized a special panel discussion on reproductive health in post-crisis situations, with a specific focus on the Great Lakes region. It was following this panel that the Norwegian delegation expressed an interest in supporting a programme in the region. UNFPA participated in the inter-agency needs assessment for the Occupied Palestinian Territory and was able to highlight reproductive health and mental health issues to donors, who then responded with financial support. Presentations on UNFPA work in crises were made in many public and donor fora in 2002, including for the Humanitarian Liaison Working Group that is composed of ambassadors from European countries with long-time interests in humanitarian response.

26. Resources were also mobilized through UNFPA participation in the Inter-Agency Consolidated Appeals Process (CAP). In 2002, UNFPA participated in 19 out of 27 appeals coordinated by OCHA. The total level of funding obtained from the CAP in 2002 amounts to $11.9 million, which is significantly below the actual requirements estimated at $35.8million. Also, as most of the resources raised, $8.2 million, were earmarked for Afghanistan, a small balance was left to support operations in other regions. The low level of resources mobilized through the CAP reflects two difficulties UNFPA has been facing: (a) the low priority given to health in general, and women's health in particular, in emergency situations versus the high priority and level of response given to food and shelter; and (b) inadequate recognition by some donors and partners within the United Nations family of the role of UNFPA in emergency response and post-war rehabilitation programmes.

Reproductive health support

27. UNFPA continues to apply integrated approaches to its programming in humanitarian settings, combining reproductive health services and training with community reintegration and education/protection activities for women. Interventions are appropriate to country-specific situations and support a wide range of activities, such as counselling services in drop-in centres and treatment for reproductive tract infections (RTIs), STIs and other reproductive health conditions, as well as the provision of vocational skills training to conflict-affected women and girls. In the Occupied Palestinian Territory, due to restricted movements, specific attention is focused on providing community-based maternal health services and emergency obstetric care, along with training for service providers and distribution of home delivery supplies. In Timor-Leste, sexual and gender-based violence prevention programmes are being conducted with the national police and the military.

28. As part of its commitment to the inter-agency agreement on operationalizing the MISP in emergency situations, UNFPA continues to maintain a stock of emergency reproductive health kits and coordinate their distribution. In 2002, UNFPA procured and supplied reproductive health kits to a number of countries, including Afghanistan, Angola, Burkina Faso, Burundi, Côte d'Ivoire, the Democratic Republic of the Congo, Guinea-Bissau, Iraq, Islamic Republic of Iran, Jordan, Liberia, Madagascar, Papua New Guinea, Sierra Leone, Swaziland, the Syrian Arab Republic, Tajikistan, Uganda and Uzbekistan. These kits were provided to UNFPA-supported programmes, as well as to other partners, such as United Nations agencies and NGOs. The total value of kits distributed in 2002 was approximately $1.5 million, which was almost 50 per cent less than the cost of kits distributed in 2001. Although elevated interest in reproductive health kits in 2001 is explained by the high demand for these supplies on the eve of the conflict in Afghanistan, the major reason for the diminished level of distribution in 2002 was insufficient funding to support UNFPA humanitarian response operations. The contents of the reproductive health kits were revised in 2002 and the user's manual was rewritten. The new guide and interactive reproductive health kit CD-ROM will be published and disseminated in 2003.

29. In 2002, UNFPA developed draft guidelines in a number of areas to further strengthen its capacity to respond to emergency and humanitarian needs. These included guidelines on

humanitarian and emergency programming for UNFPA country offices; briefing notes on reproductive health programming in emergency settings; and guidelines on participation in the CAP. The resulting documents will be launched in 2003 following their review at an internal meeting on complex emergencies. A strategy note on the Fund's comparative advantage and role in emergency response and post-conflict rehabilitation will also be produced. HRU has worked closely with the Fund's HIV/AIDS Branch to produce the UNFPA briefing note on HIV prevention in humanitarian situations. The note provides guidance to country offices on HIV-prevention programming in emergencies and post-conflict situations.

Training and capacity-building

30. UNFPA continued to support training programmes to build capacity of the humanitarian community to respond to the needs of women and girls in crisis situations. This included emphasis on the use of the MISP. In implementing these initiatives, UNFPA partnered with the Women's Commission for Refugee Women and Children and other key stakeholders. In 2002, training activities were conducted in the Democratic Republic of the Congo, Sierra Leone, Sudan and in the Middle East region. In 2003, MISP training is to be conducted in Jordan, Iraq, the Islamic Republic of Iran and the Syrian Arab Republic. A model curriculum for a five-day training workshop on reproductive health in emergencies was developed and will be used to train field staff in 2003.

31. An important theme for UNFPA in 2002 was the impact of conflict on women and girls. During the year, the United Nations system organized a number of activities focusing on analysing the implementation of Security Council resolution 1325 on women, peace and security. UNFPA had also participated in the activities that culminated in the adoption of Security Council resolution 1379 in November 2001. A capacity-building workshop for women's NGOs working in conflict areas was organized by UNFPA in follow-up to the 2001 meeting on the impact of conflict on women and girls. The workshop aimed to build NGO capacities to incorporate a gender perspective in conflict prevention, peace-building and conflict resolution. This workshop was appreciated by the NGOs from Afghanistan, Bosnia and Herzegovina, Colombia, Lebanon, Liberia, Sierra Leone and the Occupied Palestinian Territory. Many of the NGOs have asked for UNFPA assistance to carry out further training in 2003.

HIV/AIDS prevention

32. HIV/AIDS prevention has become a key area of programming for UNFPA operations in emergency and conflict settings. Working in two specific settings, i.e., the Democratic Republic of the Congo and Sierra Leone, UNFPA has developed an innovative multisectoral concept of HIV/AIDS prevention, including prevention and treatment of sexual and gender-based violence, in conflict and post-conflict situations. The approach includes such components as: (a) HIV/AIDS prevention in military, police, demobilized and peacekeeping forces; (b) creation of a safe blood supply; (c) prevention of HIV/AIDS/STIs among vulnerable women affected by crises; (d) HIV/AIDS prevention among adolescents, refugees and internally displaced persons; and (e) strengthening the capacity of local NGOs. The approach is also being applied in other

countries, including the Republic of the Congo and Ethiopia. As a partner in the HIV and Security Steering Committee, UNFPA has worked in cooperation with DPKO, UNAIDS and UNIFEM to develop specific HIV-prevention initiatives in the major United Nations peacekeeping contingents in Africa, namely, the United Nations Mission in the Democratic Republic of the Congo (MONUC) and the United Nations Assistance Mission in Sierra Leone (UNAMSIL). Parallel to these activities, UNFPA continues to work with national demobilization programmes, for example, in Burundi, the Democratic Republic of the Congo, Eritrea and Rwanda, and supports the reintegration of adolescent ex-combatants into the community through education and life skills development programmes. UNFPA is also involved in a number of similar education programmes for the police and the military in Serbia and Montenegro, Timor-Leste and Ukraine. The programmes seek to promote tolerance, gender equity and HIV/AIDS prevention among the respective target groups.

Needs assessment

33. UNFPA continues to assist in implementation of needs assessments and situation analyses of natural and man-made disasters, as well as conflict-driven complex emergencies. Such assessments, whether rapid or more in-depth, help ensure that responses will be tailored to existing conditions on the ground and affected people's real needs. In 2002, a joint UNIFEM/UNFPA situation analysis, with technical assistance from the Boston University Center for International Health, was conducted in Sierra Leone. This study examined the convergence of three issues: (a) the position of women in post-conflict Sierra Leone; (b) the impact of the peacekeeping mission on society; and (c) STIs and HIV/AIDS. The recommendations of the study constituted the basis for further programming in the country. Other examples of UNFPA data collection activities include a detailed analysis of the impact of reproductive health support among refugees in Guinea, undertaken in collaboration with UNHCR; development of a comprehensive database on the displaced population in the Republic of the Congo (this was used as a baseline for all United Nations agency humanitarian programming in the country); and an inventory/assessment of health facilities and services in Afghanistan, in collaboration with HANDS, a Japanese NGO, and MSH. In Burundi, UNFPA conducted the first comprehensive census/survey of the internally displaced population.

34. With support from the Belgian Government, UNFPA is addressing the needs of internally displaced adolescents through implementation of a set of subprojects in Burundi, Colombia, the Democratic Republic of the Congo, Liberia, Rwanda, Sierra Leone and the Occupied Palestinian Territory. The initial phase of the project collected baseline data on the behaviours and risks of forced migrants, particularly adolescents, and their access to reproductive health services and information. The outputs of these assessments were summarized in a meeting of national project counterparts held in Brussels in October 2002. The meeting also served as a basis for the creation of an electronic network for continued sharing of experiences and ideas. The participants made presentations on the specific reproductive health issues facing adolescents in their areas, shared their work plans and gathered programming ideas from technical experts from UNFPA, UNICEF, Marie Stopes International, the United States Institute for Peace and the

University of Ghent. The workshop was hosted by the Belgian Ministry of Development Cooperation and a number of Ministry staff participated.

35. In conclusion, it should be noted that despite the success in expanding its humanitarian and emergency response operations, UNFPA continues to face significant challenges, primarily in terms of human and financial resources. Although resource mobilization through the CAP has been successful for some well-publicized situations, for example, Afghanistan, support for other emergencies depends on other resource mobilization strategies, including the development and marketing of country, regional or global proposals. The unpredictability of resources for any given year severely complicates the distribution of existing resources for specific emergencies and requires constantly shifting prioritization and contingency planning, in terms of financial and technical support available to country offices. The impact of the global economic situation has affected humanitarian support from both donor countries and private foundations, and has intensified the task of resource mobilization. However, despite these challenges, it is satisfying to note that among the Fund's development partners there is an increased awareness of the importance of reproductive health, particularly HIV prevention, in humanitarian situations.

III. SECTOR-WIDE APPROACHES

36. At its annual session in 2002, the Executive Board adopted decision 2002/6 on sector-wide approaches (SWAps). The Board requested UNFPA, inter alia, to contribute, at the request of recipient countries, to national activities, including SWAps, in order to strengthen the implementation of the ICPD Programme of Action toward the attainment of the MDGs. The Board also requested the Executive Director to outline progress achieved in her annual report. As a first step, following decision 2002/6, UNFPA requested all its country offices to report regularly on their involvement in SWAps as part of their annual reporting to headquarters. Below is an overview of UNFPA activities undertaken in 2002 at both the field and headquarters levels with regard to participation in SWAps.

37. In several countries where SWAps have been ongoing for a relatively long period of time, for example, Bangladesh, Ghana, Mozambique, Senegal, Uganda and the United Republic of Tanzania, UNFPA has been playing an active role in promoting the ICPD Programme of Action in national policy dialogues and various working groups set up under the respective SWAp processes. In Bangladesh, UNFPA is actively paticipating in the planning for the second SWAp, known as the Health, Nutrition and Population Sectoral Programme. In Mozambique, UNFPA has increased its involvement over the course of 2002. Until the beginning of 2002, UNFPA involvement in the SWAp processes of Mozambique was primarily through participation in the coordination meetings. Since July 2002, a chief technical adviser, supported by UNFPA, has been posted at the Community Health Department to ensure that sexual and reproductive health issues are consistently integrated into the health sector reform. UNFPA also undertook a review of the integration of reproductive health and gender in the health sector reform that identified areas in which further advocacy and support were needed. In addition, UNFPA supported the development of a national operational plan for maternal mortality reduction in line with the SWAp approved by the Ministry of Health.

38. In Cambodia, Malawi and a number of other countries where the sectoral approach is in earlier stages of development, UNFPA is working with key development partners in the SWAp and has provided funding and technical expertise for the SWAp process. The concerned country offices are also engaged in defining how to go about integrating future UNFPA programme contributions into the regular channels of the SWAp, rather than through vertical programmes as in the past. In late 2002, UNFPA headquarters provided supplementary funding to Cambodia, Malawi and other countries to support missions to examine the most effective ways for UNFPA to promote the ICPD Programme of Action within the context of the sectoral reforms and programmes.

39. In other countries, including Bolivia, Nicaragua and Yemen, where there is no SWAp process as yet, but where the government and development partners are exploring ways to improve coordination in support of sectoral policies and programmes, UNFPA is playing a proactive and facilitating role. In Nicaragua, for example, UNFPA is promoting a coordinated subsector programme in the area of sexual and reproductive health with the support of DFID, the Norwegian Agency for Development Cooperation (NORAD) and the Canadian International Development Agency (CIDA). UNFPA is currently managing several reproductive health projects on behalf of these bilateral donors within the context of the national reproductive health programme, 2002-2006. DFID and UNFPA are working closely in looking at joint mechanisms that the Ministry of Health will require for planning, implementing, monitoring and reporting within the reproductive health subsector. This subsector approach is seen as a possible starting point for a coordinated approach to the whole health sector, since neither the experience nor conditions are yet in place for a full-fledged SWAp.

40. Whereas UNFPA has been most active in health sector SWAps, in some countries the Fund is also playing a role in education sector reforms and SWAps. In Panama, for example, UNFPA participation in the national dialogue for the transformation of Panama's education system helped to secure consensus on the inclusion of sexuality education in school grades one to nine.

41. Although UNFPA has become increasingly involved in SWAps, especially during 2002, it is also true that this is still an evolving area of work in which the Fund is "learning by doing". SWAps present a number of challenges. The most important challenge cited by UNFPA country offices is the limited staff available to participate in the large number of coordination meetings typically required under a SWAp. In Bangladesh, for example, there were 20 working groups for the initial stage of the planning process that spanned several months, and UNFPA participated in 11 of these in addition to participating actively in the higher-level coordination meetings. Another challenge is the need for greater technical expertise in country offices, among the CSTs and at headquarters in certain specialized technical areas such as health economics and health financing. Furthermore, there is a certain amount of perceived tension between the emphasis on results based-management and accountability for UNFPA resources on the one hand, and joint programming on the other. UNFPA country offices have expressed a keen desire for best practices and lessons learned from other countries.

42. In terms of funding modalities, parallel project funding continues to be the main UNFPA resource transfer modality. At the same time, as mentioned above, UNFPA is working closely with other development partners in various countries to establish the necessary accountability mechanisms that would facilitate the mainstreaming of funds through common baskets and/or other regular mechanisms established through SWAps. Meanwhile, parallel project funding is not seen as an impediment to active participation in the SWAp process as long as the UNFPA programme is clearly supportive of the identified sectoral policies and programmes.

43. To address the challenges mentioned above, UNFPA has put strong emphasis on strengthening the Fund's capacity to participate actively in SWAps and other national policy dialogues and development frameworks, including through strengthening the Fund's Technical Advisory Programme to facilitate the work of country offices. In August 2002, for example, the UNFPA Deputy Executive Director (Programme) sent a memorandum to all UNFPA Representatives, CSTs and field staff clarifying the role of UNFPA in SWAps and setting forth the conditions and mechanisms under which UNFPA could participate in basket funding and agree to joint programme reporting (replacing UNFPA reporting requirements). Also, in 2002, UNFPA sponsored a second round of the World Bank Institute training on health sector reform for UNFPA staff. Approximately 35 field staff participated in the course.

44. In 2002, several activities were also initiated in the areas of reproductive health costing, an important aspect of UNFPA involvement in SWAps, poverty reduction strategy papers (PRSPs) and health sector reform. (See also document DP/FPA/2003/4, Part I, for additional information on the Fund's involvement in PRSPs). UNFPA capacity has been strengthened in the area of health economics and a working group on costing has been set up, coordinated by the Fund's Technical Support Division with participation from CSTs and country offices. The group met in New York in November 2002 and agreed on priority actions. Among the activities undertaken by UNFPA in reproductive health costing in 2002 were the establishment of a reproductive health costing web site and a review of existing costing tools. Activities planned for 2003 include the development of a reproductive health costing tool kit and the production of a guide on reproductive health financing and health economics for reproductive health managers who are non-economists.

45. During the last quarter of 2002, UNFPA also strengthened its coordination function with regard to SWAps. This included the identification of training needs and strategies, and knowledge and information sharing among country offices on their experiences with SWAps. Among the activities planned for 2003 are the launch of a UNFPA web page on SWAps, the creation of a virtual discussion group and the development of a self-learning module on SWAps. In addition, UNFPA is planning to undertake an in-depth study on the role of UNFPA in promoting the ICPD Programme of Action in the context of SWAps in selected countries. The study would be used to identify challenges, best practices and training needs.

46. UNFPA also plans to continue working with the World Bank Institute to further adapt the course on health sector reform to match the Fund's needs and to make the course available to as

many UNFPA staff as possible. As a matter of priority, the course will be targeted to the needs of CSTs and staff in those country offices that are in the planning stages of a SWAp. While UNFPA has already increased the core resources devoted to building UNFPA capacity in support of SWAps, PRSPs and other policy dialogues, it is critical that additional resources are mobilized to support these efforts.

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